

CHAPTER 171**(HB 285)**

AN ACT relating to pediatric abusive head trauma.

Be it enacted by the General Assembly of the Commonwealth of Kentucky:

➔Section 1. The General Assembly acknowledges the pediatric abusive head trauma parent education pilot program beginning in January, 2010, at three Norton Healthcare campuses. The General Assembly expresses its hope that this pilot program demonstrates positive outcomes in reducing pediatric abusive head trauma and requests that Norton Healthcare share the findings to date of this pilot program with the Interim Joint Committee on Health and Welfare by November of 2010.

➔Section 2. KRS 15.334 is amended to read as follows:

- (1) The Kentucky Law Enforcement Council shall approve mandatory training subjects to be taught to all students attending a law enforcement basic training course that include but are not limited to:
 - (a) Abuse, neglect, and exploitation of the elderly and other crimes against the elderly, including the use of multidisciplinary teams in the investigation and prosecution of crimes against the elderly;
 - (b) The dynamics of domestic violence, *pediatric abusive head trauma, as defined in Section 16 of this Act*, child physical and sexual abuse, and rape; child development; the effects of abuse and crime on adult and child victims, including the impact of abuse and violence on child development; legal remedies for protection; lethality and risk issues; profiles of offenders and offender treatment; model protocols for addressing domestic violence, rape, *pediatric abusive head trauma, as defined in Section 16 of this Act*, and child abuse; available community resources and victim services; and reporting requirements. This training shall be developed in consultation with legal, victim services, victim advocacy, and mental health professionals with expertise in domestic violence, child abuse, and rape. *Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric abusive head trauma approved by the secretary of the Cabinet for Health and Family Services;*
 - (c) Human immunodeficiency virus infection and acquired immunodeficiency virus syndrome; and
 - (d) Identification and investigation of, responding to, and reporting bias-related crime, victimization, or intimidation that is a result of or reasonably related to race, color, religion, sex, or national origin.
- (2) (a) The council shall develop and approve mandatory professional development training courses to be presented to all certified peace officers. A mandatory professional development training course shall be first taken by a certified peace officer in the training year following its approval by the council and biennially thereafter. A certified peace officer shall be required to take these courses no more than two (2) times in eight (8) years.
 - (b) *Beginning January 1, 2011, the council shall require that one and one-half (1.5) hours of professional development covering the recognition and prevention of pediatric abusive head trauma be included in the curriculum of all mandatory professional development training courses such that all officers shall receive this training at least once by December 31, 2013. The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours.*
- (3) The council shall promulgate administrative regulations in accordance with KRS Chapter 13A to establish mandatory basic training and professional development training courses.
- (4) The council shall make an annual report by December 31 each year to the Legislative Research Commission that details the subjects and content of mandatory professional development training courses established during the past year and the subjects under consideration for future mandatory training.

➔SECTION 3. A NEW SECTION OF KRS CHAPTER 158 IS CREATED TO READ AS FOLLOWS:

Kentucky schools are encouraged to include a segment concentrating on the prevention of pediatric abusive head trauma, as defined in Section 16 of this Act, during a student's final year of study at Kentucky high schools. Important areas of concentration for this segment would include information related to the prevention and recognition of pediatric abusive head trauma. This segment should also suggest methods of calming crying

infants, techniques for caregivers to use to calm themselves when confronted with an infant that is crying inconsolably, and a discussion relating to selecting responsible care providers for infant children.

➔Section 4. KRS 194A.545 is amended to read as follows:

- (1) The secretary for health and family services shall develop an initial training course and continuing education courses for employees of the Department for Community Based Services concerning the dynamics of domestic violence and elder abuse, neglect, and exploitation; effects of domestic violence and elder abuse, neglect, and exploitation on adult and child victims; legal remedies for protection; lethality and risk issues; model protocols for addressing domestic violence; available community resources and victim services; and reporting requirements. The training shall be developed in consultation with legal, victim services, victim advocacy, and mental health professionals with an expertise in domestic violence.
- (2) Each person employed by the Department for Community Based Services who provides supervisory or direct service at the local, district, or state level shall successfully complete the initial training course and, at least once every two (2) years, the continuing education course developed under subsection (1) of this section.
- (3) *The secretary is encouraged to include an educational component covering the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act, as part of the initial training and continuing education for Department for Community Based Services front-line child protection staff.*

➔SECTION 5. A NEW SECTION OF KRS CHAPTER 197 IS CREATED TO READ AS FOLLOWS:

- (1) *The department shall make available a one and one-half (1.5) hour course for inmates that addresses the prevention of pediatric abusive head trauma, as defined in Section 16 of this Act. In addition to presenting the consequences of vigorously shaking an infant or young child, this course shall suggest methods of calming crying infants, techniques for caregivers to use to calm themselves when confronted with an infant that is crying inconsolably, and discuss selecting appropriate care providers for infant children. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric abusive head trauma approved by the secretary of the Cabinet for Health and Family Services.*
- (2) *The department shall encourage local jails to provide a course similar to that described in subsection (1) of this section.*

➔SECTION 6. A NEW SECTION OF KRS CHAPTER 199 IS CREATED TO READ AS FOLLOWS:

- (1) *A foster parent who receives a child younger than the age of five (5) years for placement shall undergo a one and one-half (1.5) hour continuing education session one (1) time every five (5) years covering the prevention and recognition of pediatric abusive head trauma as defined in Section 16 of this Act. A current qualifying foster parent shall demonstrate completion of this educational session by December 31, 2013.*
- (2) *The educational session required in this section shall address risk factors related to pediatric abusive head trauma, and the methods to reduce the risk of pediatric abusive head trauma in the foster or adoptive home. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric abusive head trauma approved by the secretary of the Cabinet for Health and Family Services.*
- (3) *The Cabinet for Health and Family Services may promulgate an administrative regulation to implement this section.*

➔Section 7. KRS 199.896 is amended to read as follows:

- (1) No person, association, or organization shall conduct, operate, maintain, or advertise any child-care center without obtaining a license as provided in KRS 199.892 to 199.896.
- (2) The secretary may promulgate administrative regulations pursuant to KRS Chapter 13A relating to license fees and may establish standards of care and service for a child-care center, criteria for the denial of a license if criminal records indicate convictions that may impact the safety and security of children in care, and procedures for enforcement of penalties.
- (3) Each initial application for a license shall be made to the cabinet and shall be accompanied by a fee of not more than fifty dollars (\$50) and shall be renewable annually upon expiration and reapplication when accompanied by a fee of twenty-five dollars (\$25). Regular licenses and renewals thereof shall expire one (1) year from their effective date.

- (4) No child-care center shall be refused a license or have its license revoked for failure to meet standards set by the secretary until after the expiration of a period not to exceed six (6) months from the date of the first official notice that the standards have not been met. If, however, the cabinet has probable cause to believe that an immediate threat to the public health, safety, or welfare exists, the cabinet may take emergency action pursuant to KRS 13B.125. All administrative hearings conducted under authority of KRS 199.892 to 199.896 shall be conducted in accordance with KRS Chapter 13B.
- (5) If, upon inspection or investigation, the inspector general finds that a child-care center licensed under this section has violated the administrative regulations, standards, or requirements of the cabinet, the inspector general shall issue a statement of deficiency to the center containing:
 - (a) A statement of fact;
 - (b) A statement of how an administrative regulation, standard, or requirement of the cabinet was violated; and
 - (c) The time frame, negotiated with the child-care center, within which a violation is to be corrected, except that a violation that poses an immediate threat to the health, safety, or welfare of children in the center shall be corrected in no event later than five (5) working days from the date of the statement of deficiency.
- (6) The Cabinet for Health and Family Services, in consultation with the Office of the Inspector General, shall establish by administrative regulations promulgated in accordance with KRS Chapter 13A an informal dispute resolution process containing at least two (2) separate levels of review through which a child-care provider may dispute licensure deficiencies that have an adverse effect on the child-care provider's license.
- (7) A child-care center shall have the right to appeal to the Cabinet for Health and Family Services under KRS Chapter 13B any action adverse to its license or the assessment of a civil penalty issued by the inspector general as the result of a violation contained in a statement of deficiency within twenty (20) days of the issuance of the action or assessment of the civil penalty. An appeal shall not act to stay the correction of a violation.
- (8) In assessing the civil penalty to be levied against a child-care center for a violation contained in a statement of deficiency issued under this section, the inspector general or the inspector general's designee shall take into consideration the following factors:
 - (a) The gravity of the threat to the health, safety, or welfare of children posed by the violation;
 - (b) The number and type of previous violations of the child-care center;
 - (c) The reasonable diligence exercised by the child-care center and efforts to correct the violation; and
 - (d) The amount of assessment necessary to assure immediate and continued compliance.
- (9) Upon a child-care center's failure to take action to correct a violation of the administrative regulations, standards, or requirements of the cabinet contained in a statement of deficiency, or at any time when the operation of a child-care center poses an immediate threat to the health, safety, or welfare of children in the center, and the child-care center continues to operate after the cabinet has taken emergency action to deny, suspend, or revoke its license, the cabinet or the cabinet's designee shall take at least one (1) of the following actions against the center:
 - (a) Institute proceedings to obtain an order compelling compliance with the administrative regulations, standards, and requirements of the cabinet;
 - (b) Institute injunctive proceedings in Circuit Court to terminate the operation of the center;
 - (c) Institute action to discontinue payment of child-care subsidies; or
 - (d) Suspend or revoke the license or impose other penalties provided by law.
- (10) Upon request of any person, the cabinet shall provide information regarding the denial, revocation, suspension, or violation of any type of child-care center license of the operator. Identifying information regarding children and their families shall remain confidential.
- (11) The cabinet shall provide, upon request, public information regarding the inspections of and the plans of correction for the child-care center within the past year. All information distributed by the cabinet under this

subsection shall include a statement indicating that the reports as provided under this subsection from the past five (5) years are available from the child-care center upon the parent's, custodian's, guardian's, or other interested person's request.

- (12) All fees collected under the provisions of KRS 199.892 to 199.896 for license and certification applications shall be paid into the State Treasury and credited to a special fund for the purpose of administering KRS 199.892 to 199.896 including the payment of expenses of and to the participants in child-care workshops. The funds collected are hereby appropriated for the use of the cabinet. The balance of the special fund shall lapse to the general fund at the end of each biennium.
- (13) Any advertisement for child-care services shall include the address of where the service is being provided.
- (14) All inspections of licensed and unlicensed child-care centers by the Cabinet for Health and Family Services shall be unannounced.
- (15) All employees and owners of a child-care center who provide care to children shall demonstrate within the first three (3) months of employment completion of at least a total of six (6) hours of orientation in the following areas:
 - (a) Basic health, safety, and sanitation;
 - (b) Recognizing and reporting child abuse; and
 - (c) Developmentally appropriate child-care practice.
- (16) All employees and owners of a child-care center who provide care to children shall annually demonstrate to the department completion of at least six (6) hours of training in child development. ***These hours shall include but are not limited to one and one-half (1.5) hours one (1) time every five (5) years of continuing education in the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric head trauma approved by the secretary of the Cabinet for Health and Family Services The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours.***
- (17) The Cabinet for Health and Family Services shall make available either through the development or approval of a model training curriculum and training materials, including video instructional materials, to cover the areas specified in subsection (15) of this section. The cabinet shall develop or approve the model training curriculum and training materials to cover the areas specified in subsection (15) of this section.
- (18) Child-care centers licensed pursuant to this section and family child-care homes certified pursuant to KRS 199.8982 shall not use corporal physical discipline, including the use of spanking, shaking, or paddling, as a means of punishment, discipline, behavior modification, or for any other reason. For the purposes of this section, "corporal physical discipline" means the deliberate infliction of physical pain and does not include spontaneous physical contact which is intended to protect a child from immediate danger.
- (19) Directors and employees of child-care centers in a position that involves supervisory or disciplinary power over a minor, or direct contact with a minor, shall submit to a criminal record check in accordance with KRS 17.165. The application shall be denied if the applicant has been found by the Cabinet for Health and Family Services or a court to have abused or neglected a child or has been convicted of a violent crime or sex crime as defined in KRS 17.165.
- (20) A director or employee of a child-care center may be employed on a probationary status pending receipt of the criminal background check. Application for the criminal record of a probationary employee shall be made no later than the date probationary employment begins.

➔Section 8. KRS 199.8982 is amended to read as follows:

- (1) (a) The cabinet shall establish a family child-care home certification program which shall be administered by the department. A family child-care provider shall apply for certification of the provider's home if the provider is caring for four (4) to six (6) children unrelated to the provider. A family child-care provider caring for three (3) or fewer children may apply for certification of the provider's home at the discretion of the provider. Applicants for certification shall not have been found by the cabinet or a court to have abused or neglected a child, and shall meet the following minimum requirements:
 1. Submit two (2) written character references;

2. Provide a written statement from a physician that the applicant is in good health;
 3. Submit to a criminal record check in accordance with KRS 17.165. The application shall be denied if the applicant has been convicted of a violent crime or sex crime as defined in KRS 17.165;
 4. Provide smoke detectors, a telephone, an adequate water supply, sufficient lighting and space, and a safe environment in the residence in which care is provided;
 5. Provide a copy of the results of a tuberculosis risk assessment and the results of any appropriate follow-up with skin testing or chest X-ray for applicants who are determined to be at risk for developing tuberculosis in accordance with the recommendations of the Centers for Disease Control and Prevention within thirty (30) days of the date of application for certification; and
 6. Demonstrate completion of a total of at least six (6) hours of training in the following areas within three (3) months of application for certification:
 - a. Basic health, safety, and sanitation;
 - b. Recognizing and reporting child abuse; and
 - c. Developmentally appropriate child-care practice.
- (b) Initial applications for certification shall be made to the department and shall be accompanied by a ten dollar (\$10) certification fee. The department shall issue a certificate of operation upon inspecting the family child-care home and determining the provider's compliance with the provisions of this section. The inspection shall be unannounced. A certificate of operation issued pursuant to this section shall not be transferable and shall be renewed every two (2) years for a fee of ten dollars (\$10).
- (c) A certified family child-care provider shall display the certificate of operation in a prominent place within the residence in which care is provided. The cabinet shall provide the certified family child-care provider with written information explaining the requirements for a family day-care provider and instructions on the method of reporting violations of the requirements which the provider shall distribute to parents.
- (d) Upon request of any person, the cabinet shall provide information regarding the denial, revocation, suspension, or violation of any type of day-care license of the family child-care provider. Identifying information regarding children and their families shall remain confidential.
- (e) The cabinet shall provide, upon request, public information regarding the inspections of and the plans of correction for the family child-care home within the past year. All information distributed by the cabinet under this paragraph shall include a statement indicating that the reports as provided under this paragraph from the past five (5) years are available from the family child-care home upon the parent's, custodian's, guardian's, or other interested person's request.
- (f) The cabinet shall promulgate administrative regulations in accordance with KRS Chapter 13A which establish standards for the issuance, monitoring, release of information under this section and KRS 199.896 and 199.898, renewal, denial, revocation, and suspension of a certificate of operation for a family child-care home and establish criteria for the denial of certification if criminal records indicate convictions that may impact the safety and security of children in care. A denial, suspension, or revocation of a certificate may be appealed, and upon appeal an administrative hearing shall be conducted in accordance with KRS Chapter 13B. If the cabinet has probable cause to believe that there is an immediate threat to the public health, safety, or welfare, the cabinet may take emergency action to suspend a certificate pursuant to KRS 13B.125. The cabinet shall promulgate administrative regulations to impose minimum staff-to-child ratios. The cabinet may promulgate administrative regulations relating to other requirements necessary to ensure minimum safety in family child-care homes. The cabinet shall develop and provide an "easy-to-read" guide containing the following information to a family child-care provider seeking certification of his home:
1. Certification requirements and procedures;
 2. Information about available child-care training; and
 3. Child-care food sponsoring organizations.

- (2) Family child-care providers shall annually demonstrate to the department completion of at least six (6) hours of training in child development. *These hours shall include but are not limited to one and one-half (1.5) hours one (1) time every five (5) years of continuing education in the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric abusive head trauma approved by the secretary of the Cabinet for Health and Family Services. The one and one-half (1.5) hours of continuing education required under this section shall be included in the current number of required continuing education hours.*
- (3) The cabinet shall, either through the development of or approval of, make available a model training curriculum and training materials, including video instructional materials, to cover the areas specified in subsection (1)(a)6. of this section. The cabinet shall develop or approve the model training curriculum and training materials to cover the areas specified in subsection (1)(a)6. of this section.

➔Section 9. KRS 211.690 is amended to read as follows:

- (1) There is established within the Cabinet for Health and Family Services the Health Access Nurturing Development Services (HANDS) program as a voluntary statewide home visitation program, for the purpose of providing assistance to at-risk parents during the prenatal period and until the child's third birthday. The HANDS program recognizes that parents are the primary decision-makers for their children. The goals of the HANDS program are to:
- Facilitate safe and healthy delivery of babies;
 - Provide information about optimal child growth and human development;
 - Facilitate the safety and health of homes; and
 - Encourage greater self-sufficiency of families.
- (2) The cabinet shall administer the HANDS program in cooperation with the Cabinet for Health and Family Services and the local public health departments. The voluntary home visitation program may supplement, but shall not duplicate, any existing program that provides assistance to parents of young children.
- (3) *The HANDS program shall include an educational component on the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act.*
- ~~(4)~~~~(3)~~ Participants in the HANDS program shall express informed consent to participate by written agreement on a form promulgated by the Cabinet for Health and Family Services.

➔SECTION 10. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO READ AS FOLLOWS:

- (1) *As used in this section, "urgent treatment facility" or "urgent care facility" means a facility that delivers medically necessary ambulatory medical care apart from a hospital emergency department setting usually on a walk-in basis.*
- (2) *All urgent treatment or urgent care facilities shall make available at least one (1) time every two (2) years a continuing education course relating to the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act. Training in recognizing pediatric abusive head trauma may be designed in collaboration with organizations and agencies that specialize in the prevention and recognition of pediatric abusive head trauma approved by the secretary of the Cabinet for Health and Family Services.*

➔Section 11. KRS 311.844 is amended to read as follows:

- (1) To be licensed by the board as a physician assistant, an applicant shall:
- Submit a completed application form with the required fee;
 - Be of good character and reputation;
 - Be a graduate of an approved program; and
 - Have passed an examination approved by the board within three (3) attempts.
- (2) A physician assistant who is authorized to practice in another state and who is in good standing may apply for licensure by endorsement from the state of his or her credentialing if that state has standards substantially equivalent to those of this Commonwealth.

- (3) A physician assistant's license shall be renewed upon fulfillment of the following requirements:
- (a) The holder shall be of good character and reputation;
 - (b) The holder shall provide evidence of completion during the previous two (2) years of a minimum of one hundred (100) hours of continuing education approved by the American Medical Association, the American Osteopathic Association, the American Academy of Family Physicians, the American Academy of Physician Assistants, or by another entity approved by the board;
 - (c) The holder shall provide evidence of completion of a continuing education course on the human immunodeficiency virus and acquired immunodeficiency syndrome in the previous ten (10) years that meets the requirements of KRS 214.610;
 - (d) *As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees the board shall ensure that physician's assistants shall demonstrate completion of a one-time training course of one and one-half (1.5) hours of training covering the prevention and recognition of pediatric abusive head trauma, as defined in Section 16 of this Act. The one and one-half (1.5) hours of continuing education required under this section shall be included in the current number of required continuing education hours. Current practicing physician's assistants shall demonstrate completion of this course by December 31, 2013; and*
 - (e)~~(d)~~ The holder shall provide proof of current certification with the National Commission on Certification of Physician Assistants.

➔Section 12. KRS 311A.120 is amended to read as follows:

- (1) As a condition of being issued a certificate or license as an emergency medical technician or first responder, the applicant shall have completed a Kentucky Board of Emergency Medical Services approved educational course on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change. The board shall require continuing education that updates this training at least one (1) time every ten (10) years that is consistent with and as required for other health care providers under KRS 214.610.
- (2) *The board shall require continuing education for emergency medical technicians or first responders that includes the completion of one and one-half (1.5) hours of board approved continuing education covering the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act, at least one (1) time every five (5) years. The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours.*

➔SECTION 13. A NEW SECTION OF KRS CHAPTER 311A IS CREATED TO READ AS FOLLOWS:

The board shall require continuing education for paramedics that includes the completion of one and one-half (1.5) hours of board approved continuing education covering the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act, at least one (1) time every five (5) years. The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours.

➔Section 14. KRS 314.073 is amended to read as follows:

- (1) Except for the first licensure renewal following the issuance of an original license by the board, as a prerequisite for license renewal, all individuals licensed under provisions of this chapter shall be required to document continuing competency during the immediate past licensure period as prescribed in regulations promulgated by the board.
- (2) The continuing competency requirement shall be documented and reported as set forth by the board in administrative regulations promulgated in accordance with KRS Chapter 13A.
- (3) The board shall approve providers of continuing education. The approval may include recognition of providers approved by national organizations and state boards of nursing with comparable standards. Standards for these approvals shall be set by the board in administrative regulations promulgated in accordance with the provisions of KRS Chapter 13A.
- (4) The board shall work cooperatively with professional nursing organizations, approved nursing schools, and other potential sources of continuing education programs to assure that adequate continuing education

offerings are available statewide. The board may enter into contractual agreements to implement the provisions of this section.

- (5) The board shall be responsible for notifying applicants for licensure and licensees applying for license renewal, of continuing competency requirements.
- (6) The continuing competency requirements shall include the completion of the course described in KRS 214.610(1) at least one (1) time every ten (10) years, but the board may in its discretion require completion of the course more frequently.
- (7) ***As a part of the continuing education requirements that the board adopts to ensure continuing competency of present and future licensees, the board shall ensure practitioners licensed under KRS Chapter 314 complete a one-time training course of at least one and one-half (1.5) hours covering the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act. The one and one-half (1.5) hours required under this section shall be included in the current number of required continuing education hours. Current practicing nurses shall demonstrate completion of this course by December 31, 2013.***

~~(8)~~~~(7)~~ In order to offset administrative costs incurred in the implementation of the mandatory continuing competency requirements, the board may charge reasonable fees as established by regulation in accordance with the provisions of KRS Chapter 13A.

~~(9)~~~~(8)~~ The continuing competency requirements shall include at least five (5) contact hours in pharmacology continuing education for any person registered as an advanced registered nurse practitioner.

➔Section 15. KRS 335.130 is amended to read as follows:

- (1) Each certified social worker, licensed social worker and licensed clinical social worker shall renew his license every three (3) years, and shall pay the board a renewal fee as established by the board by promulgation of an administrative regulation.
- (2) Licensees whose licenses are renewed by the board shall be issued a renewal license.
- (3) Renewal fees shall be waived for any licensee actually serving in the Armed Forces of the United States. The waiver shall be effective for six (6) months following honorable discharge, separation, or release from the Armed Forces, after which period a license shall be considered lapsed.
- (4) The board may, at its discretion, require continuing education as a condition of license renewal.
- (5) ***If the board requires continuing education as authorized in subsection (4), the continuing education requirements for each licensed social worker and each licensed clinical social worker shall include one and one-half (1.5) hours of continuing education approved by the board and covering the recognition and prevention of pediatric abusive head trauma, as defined in Section 16 of this Act, at least one (1) time every six (6) years. The one and one-half (1.5) hours of continuing education required under this section shall be included in the current number of required continuing education hours.***

➔Section 16. KRS 620.020 is amended to read as follows:

The definitions in KRS Chapter 600 shall apply to this chapter. In addition, as used in this chapter, unless the context requires otherwise:

- (1) "Case permanency plan" means a document identifying decisions made by the cabinet, for both the biological family and the child, concerning action which needs to be taken to assure that the child in foster care expeditiously obtains a permanent home;
- (2) "Case progress report" means a written record of goals that have been achieved in the case of a child;
- (3) "Case record" means a cabinet file of specific documents and a running record of activities pertaining to the child;
- (4) "Children's advocacy center" means an agency that advocates on behalf of children alleged to have been abused; that assists in the coordination of the investigation of child abuse by providing a location for forensic interviews and medical examinations, and by promoting the coordination of services for children alleged to have been abused; and that provides, directly or by formalized agreements, services that include, but are not limited to, forensic interviews, medical examinations, mental health and related support services, court advocacy, consultation, training, and staffing of multidisciplinary teams;

- (5) "Foster care" means the provision of temporary twenty-four (24) hour care for a child for a planned period of time when the child is:
- (a) Removed from his parents or person exercising custodial control or supervision and subsequently placed in the custody of the cabinet; and
 - (b) Placed in a foster home or private child-caring facility or child-placing agency but remains under the supervision of the cabinet;
- (6) "Local citizen foster care review board" means a citizen board which provides periodic permanency reviews of children placed in the custody of the cabinet by a court order of temporary custody or commitment under this chapter;
- (7) "Multidisciplinary teams" means local teams operating under protocols governing roles, responsibilities, and procedures developed by the Kentucky Multidisciplinary Commission on Child Sexual Abuse pursuant to KRS 431.600;
- (8) ***"Pediatric abusive head trauma" means the various injuries or conditions that may result following the vigorous shaking, slamming, or impacting the head of an infant or young child. These injuries or conditions, also known as pediatric acquired abusive head trauma, have in the past been called "Shaken Baby Syndrome" or "Shaken Infant Syndrome." Pediatric abusive head trauma injuries or conditions have included, but are not limited to the following:***
- (a) Irreversible brain damage;***
 - (b) Blindness;***
 - (c) Retinal hemorrhage;***
 - (d) Eye damage;***
 - (e) Cerebral palsy;***
 - (f) Hearing loss;***
 - (g) Spinal cord injury;***
 - (h) Paralysis;***
 - (i) Seizures;***
 - (j) Learning disability;***
 - (k) Death;***
 - (l) Central nervous system injury as evidenced by central nervous system hemorrhaging;***
 - (m) Closed head injury;***
 - (n) Rib fracture; and***
 - (o) Subdural hematoma;***
- (9) "Permanence" means a relationship between a child and an adult which is intended to last a lifetime, providing commitment and continuity in the child's relationships and a sense of belonging;
- ~~(10)(9)~~ "Preventive services" means those services which are designed to help maintain and strengthen the family unit by preventing or eliminating the need for removal of children from the family;
- ~~(11)(10)~~ "Reasonable efforts" means the exercise of ordinary diligence and care by the department to utilize all preventive and reunification services available to the community in accordance with the state plan for Public Law 96-272 which are necessary to enable the child to safely live at home;
- ~~(12)(11)~~ "Reunification services" means remedial and preventive services which are designed to strengthen the family unit, to secure reunification of the family and child where appropriate, as quickly as practicable, and to prevent the future removal of the child from the family; and
- ~~(13)(12)~~ "State citizen foster care review board" means a board created by KRS 620.310.

Signed by Governor April 26, 2010.

